

## PROOF OF CLAIM ADDENDUM (POC Form 2)

EMPLOYEE NAME \_\_\_\_\_

**PART 3. ADDITIONAL INJURY.** You must complete PART 3. for each separate date of injury. Attach CLAIM ADDENDUM (POC Form 2) as necessary.

3.1 Injury date 3.2 Employer when Injured

3.3 Nature of injury (carpal tunnel, broken arm, etc.) \_\_\_\_\_

3.4 Injury reported to employer? ☐NO ☐YES 3.5 Date Reported \_\_\_\_\_ 3.6 To Whom \_\_\_\_\_

3.7 Date first worked for employer 3.8 Date last worked for employer

3.9 Hourly wage at time of injury\_\_\_\_\_ 3.10 COMP Rate at time of injury\_\_\_\_\_

3.11 Have you received any benefits to date. ☐NO ☐YES 3.11 If YES, describe

3.12 Benefits requested: ☐ Temporary Disability ☐ Permanent Disability ☐ Current Medical Care ☐ Future Medical Care

(✓ all that apply)      ☐ Other

**PART 4. ADDITIONAL DOCTOR.** You must complete PART 4. for each treating Doctor of each injury. Attach CLAIM ADDENDUM (POC Form 2) as necessary.

4.1 Name \_\_\_\_\_ 4.2 City \_\_\_\_\_

4.3 Restrictions? ☐NO ☐YES 4.4 Describe

4.5 Have you been released by the treating Doctor: ☐NO ☐YES 4.6 Date Released

4.7 Has Doctor said you have reached Maximum Medical Improvement (MMI)? ☐NO ☐YES 4.8 Date Reached

4.9 Has Doctor given you a Permanent Medical Impairment (PMI)? ☐NO ☐YES 4.10 What percent (%)

4.11 To what part of your body

**PART 5. ADDITIONAL LAWSUITS.** You must complete PART 5. for each legal action regarding each claim. Attach CLAIM ADDENDUM (POC Form 2) as necessary.

|                                  |                             |
|----------------------------------|-----------------------------|
| 5.1 Court where action was filed | 5.2 Docket Number of Action |
|----------------------------------|-----------------------------|

5.3 Date action was filed \_\_\_\_\_ 5.4 Status (i.e., dismissed, pending, judgment entered, on appeal, etc.) \_\_\_\_\_

Additional Comment (Refer to Part number)